

SHE'S A CHILD NOT A "CHOICE"

16 week-old baby developing in the womb

THIS IS A PAID ADVERTISEMENT
AND DOES NOT NECESSARILY REFLECT
THE OPINIONS OF LAMBDA PUBLICATIONS

The of the matter



The special love between a mother and a baby comes straight from the heart.

This supplement has been prepared by **She's a Child - Canada** and the cost of printing and distribution is being paid for by your local pro-life organizations.

**This Sudbury & area distribution
is organized by:**

Campaign Life Coalition Sudbury
Box 993
Sudbury, Ontario P3E 4S4
(705) 674-1700

Your help & involvement would be greatly appreciated.

Dear Readers:

Prior to 1969, the Criminal Code was steadfast in its protection of the lives of preborn children. In 1969, the Criminal Code was amended to permit abortions for the "health" or life of the mother, if approved by a Hospital Therapeutic Abortion Committee.

On January 28, 1988, the Supreme Court of Canada struck down Section 251 of the Criminal Code, leaving Canada with no abortion law. There is now no protection for unborn children in Canada. Abortions are legal throughout the entire nine months of pregnancy. For any reason — or for no reason — preborn babies can be exterminated at will.

The majority of abortions in Canada are performed for social or economic convenience. Surely, there must be a better way to help women and families solve social and economic problems than offering them the choice of destroying their children. There are hundreds of organizations across Canada which offer women and families a real choice, extending care to both the women and the unborn children.

This special supplement supplied by your local pro-life organizations invites you to think objectively about abortion and its many ramifications.

We believe that if our country is to survive, we must once again recognize the sanctity of human life. The preborn babies must be protected and guaranteed their "right to life." It is our hope that you will join us in accomplishing this goal by becoming educated on the issue and becoming a member of one of your local pro-life organizations.

Jakki Jeffs,
Alliance For Life Ontario

Jim Hughes,
Campaign Life Coalition

June Scandiffio,
Right to Life Association of Toronto & Area

SPECIAL THANKS

We would like to acknowledge the many contributions made by Human Life Alliance of Minnesota, Inc. Without the use of their original supplement as a guide this one would have been far more difficult to produce. We also appreciate the contributions made by pro-lifers from across Canada.

She's A Child Response Form



I want to contribute towards the wider distribution of this publication and enclose:

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CITY _____ PROV _____

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☐ I'm new to the pro-life movement. Please send me more information

☐ I have time and talent to share. I can _____

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Test your abortion I.Q.

- In 1969 the Canadian government legalized abortion through which month of pregnancy?
A) 3rd month; B) 6th month; C) 9th month.
- In 1969 it was not known when life begins.
A) True; B) False.
- The average number of abortions performed each day in Canada is
A) 27; B) 155; C) 260.
- At what stage of development can a baby's sex be determined?
A) 4 days; B) 6 weeks; C) 3 months.
- The estimated number of pre-born children's lives terminated by abortion in Canada, since 1969 is
A) 1.5 million; B) 250,000; C) 750,000.
- The percentage of Canadian pregnancies terminated by abortion is
A) 5%; B) 12%; C) 19%.
- A developing baby's heart starts to beat at
A) 21 days; B) 42 days; C) 10 weeks.
- Abortion is promoted as a decision between a woman and her doctor. But, the percentage of abortions performed in clinics where the woman never sees a doctor until he appears to abort her baby is approximately
A) 10%; B) 15%; C) 25%.
- With the advances in medical research the variety of surgical procedures which are now performed on babies in the womb are
A) 50; B) 80; C) 90; D) over 100.
- A conservative estimate of the number of couples or individuals in Canada waiting to adopt a child is
A) 5,000; B) 17,000 C) 23,000.

The answers to these questions may be found on page 10.

FACT!

There have been at least 10,000 fewer abortions performed per year since medically funded abortion ended in Michigan.

Michigan Dept. of Public Health

Surgery on preborn babies

Surgical procedures have been performed on unborn children for several years. In 1992, at Toronto's Mount Sinai Hospital, a 20 week-old baby underwent an extremely rare operation known as a pleuro-amniotic shunt, while still in his mother's womb. A build-up of fluid in his chest was threatening his tiny heart and lungs.

Using ultrasound as his guide the perinatologist inserted a tiny shunt through the mother's womb and into the baby's chest. The fluid was then allowed to drain from the baby's body for the duration of the pregnancy. Baby Paul was born healthy, with only a small scar remaining on his chest.

Chronology of a new life

Month One: Day 1 — The sperm joins with the ovum (egg) to form one cell. This one cell contains the complex genetic blueprint for every detail of human development — the child's sex, hair and eye colour, height, skin tone, etc. The fertilized egg travels down the fallopian tube into the uterus, where the lining has been prepared for implantation.

Day 20 — foundations of the brain, spinal cord and nervous system are already established;

Day 21 — the heart begins to beat;

Day 28 — the backbone and muscles are forming — arms, legs, eyes and ears have begun to show. At one month old, the embryo is 10,000 times larger than the original fertilized egg — and developing rapidly. The heart is pumping increased quantities of blood through the circulatory system. The placenta forms a unique barrier that keeps the mother's blood separate while allowing food and oxygen to pass through to the baby.

Month Two: At 35 days the preborn baby has all her fingers. Brainwaves can be detected at 40 days. At six weeks the brain is controlling 40 sets of muscles as well as the organs. The jaw forms, including teeth buds in the gums. The eyelids seal during this time to protect the baby's developing light-sensitive eyes. They will reopen in the seventh month. The stomach produces digestive juices and the kidneys have begun to function. The baby's body responds to touch.

Month Three: At nine weeks, fingerprints are evident and never change. The baby now sleeps, awakens and exercises her muscles energetically — turning her head, curling her toes, and opening and closing her mouth. The palm, when stroked, will make a tight fist. The baby breathes amniotic fluid to help her develop her respiratory system.

Month Four: By the end of this month, the baby is eight to ten inches in length and weighs a half pound or more. The ears are functioning, and there is evidence that the baby hears the mother's voice and heartbeat, as well as external noises. The umbilical cord has become an engineering marvel, transporting 300 quarts of fluids per day and completing a round trip of fluids every 30 seconds. The mother usually begins to feel the baby's movement during this month.

Month Five: Half the pregnancy has now passed, and the baby is about 12 inches long. If sound is especially loud or startling, the baby may jump in reaction to it. Babies born at this stage of development (19 weeks or 20 weeks) have survived.

Month Six: Oil and sweat glands are functioning. The delicate skin of the growing baby is protected from the waters in the amniotic sac by a special ointment called "vernix."

Month Seven: The baby now uses the four senses of vision, hearing, taste and touch. She can recognize her mother's voice.

Month Eight: The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment. Antibodies increasingly build up. The baby absorbs a gallon of amniotic fluid per day; the fluid is completely replaced every three hours.

Month Nine: Toward the end of this month, the baby is ready for birth. The average duration of pregnancy is 280 days from the first day of the mother's last menstrual period, but this varies. By this time the infant's heart is pumping 300 gallons of blood per day. The child triggers labour and birth occurs. Of 45 generations of cell divisions before adulthood, 41 have taken place. Four more will come during the rest of childhood and before adolescence.

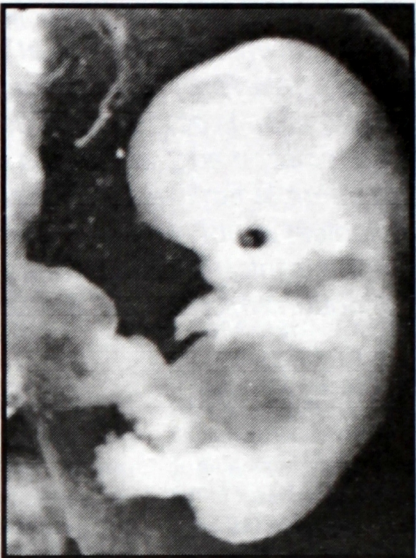


Photo courtesy of Joseph R. Stanton, MD
 6 weeks



Photo by S.J. Allen/ Int'l Stock Photo Ltd.
 16 weeks



Photo courtesy of Origin Films Ltd.
 20 weeks

Life begins at conception

"Each of us has a very precise starting moment which is the time at which the whole necessary and sufficient genetic information is gathered inside one cell, the fertilized egg, and this is the moment of fertilization. There is not the slightest doubt about that and we know that this information is written on a kind of ribbon which we call the DNA."

Jérôme Lejeune, M.D., Ph.D., tells us much about the intricacies of the beginning of human life. Contrary to the popular view that the tiny baby becomes more and more "developed" as the weeks of pregnancy go on, Dr. Lejeune says that the very first cell, the fertilized egg, is "the most specialized cell under the sun." No other cell will ever again have the same instructions in the life of the individual being created.

In the words of Dr. Lejeune, "Each of us has a very precise starting moment which is the time at which the whole necessary and sufficient genetic information is gathered inside one cell, the fertilized egg, and this is the moment of fertilization. There is not the slightest doubt about that and we know that this information is written on a kind of ribbon which we call the DNA."

He explains that the fertilized egg contains more information about the new individual than can be stored in five sets (not volumes) of the Encyclopedia Britannica (if enlarged to normal print). To further emphasize the minuteness of this language, Dr. Lejeune states that if all the one-metre-long DNA of the sperms and all the one-metre-long DNA of the ova which contain the instructions for the 5 billion human beings who will replace us on this planet were brought together in one place the total amount of matter would be roughly the size of two aspirin tablets.

When Dr. Lejeune testified in the Louisiana Legislature (House Committee on the Administration of Criminal Justice, June 7, 1990) he stated, "Recent discoveries by Dr.

Alec Jeffreys of England demonstrate that this information (on the DNA molecule) is stored by a system of bar codes not unlike those found on products at the supermarket... it's not any longer a theory that each of us is unique."

Dr. Lejeune states that because of studies published within the last year we can now determine within three to seven days after fertilization if the new human being is a boy or a girl.

"I see no difference between the early person that you were at conception and the late person which you are now. You were, and are, a human being."

"At no time," Dr. Lejeune says, "is the human being a blob of protoplasm. As far as your nature is concerned, I see no difference between the early person that you were at conception and the late person which you are now. You were, and are, a human being."

In the testimony Dr. Lejeune gave on The Seven Human Embryos (Circuit Court for Blount County, Tennessee at Maryville, Equity Division, August 8-10, 1989) he compared the chromosome to a mini-cassette, in which a symphony is written, the symphony of life. He explained that if you buy a cartridge on which a Mozart symphony has been recorded and insert it



Dr. Jérôme Lejeune

in a player, what is being reproduced is the movement of the air that transmits to you the genius of Mozart. In making the analogy he said, "It's exactly the same way that life is played. On the tiny mini-cassettes which are our chromosomes are written various parts of the opus which is for human symphony, and as soon as all the information necessary and sufficient to spell the whole symphony (is brought together), this symphony plays itself, that is, a new man is beginning his career... as soon as he has been conceived, a man is a man."

Dr. Jérôme Lejeune died on April 3, 1994. Dr. Lejeune of Paris, France was a medical doctor, a Doctor of Science and a professor of Fundamental Genetics for over 20 years. Dr. Lejeune discovered the genetic cause of Down Syndrome, receiving the Kennedy Prize for the discovery and, in addition, received the Memorial Allen Award Medal, the world's highest award for work in the field of Genetics. He practised his profession at the Hôpital des Enfants Malades (Sick Children's Hospital) in Paris. Dr. Lejeune was a member of the American Academy of Arts and Science, a member of the Royal Society of Medicine in London, The Royal Society of Science in Stockholm, the Science Academy in Italy and Argentina, The Pontifical Academy of Science and The Academy of Medicine in France.

If you would like to obtain an audio cassette of Dr. Lejeune's recent speech in Toronto send \$6.00 to CLC Media, #305 — 53 Dundas Street East, Toronto, Ontario, M5B 1C6.

Breast cancer and abortion

A woman's first pregnancy will permanently change the structure of her breasts. Before pregnancy, her breasts cannot produce milk, as the gland cells are immature and underdeveloped. Once pregnant, estrogen and other hormones cause previously dormant cells to grow rapidly into a system of branching ducts and gland cells capable of producing milk. Following this there is no further significant change in the breasts.

While these gland cells are changing and transitional, they are less stable and have much greater potential of becoming cancerous. If the woman completes her first pregnancy, this unstable period passes and these cells mature and stabilize. Once

the cells are mature, the chance of the breast developing cancer is reduced.

But if the pregnancy is terminated in its early phase, and most abortions take place in the first trimester, it effectively stops the development of the cells at this unstable, transitional phase. Research over the last decade indicates that cancerous changes can and do occur more frequently among these transitional cells of a woman who has terminated her pregnancy. With repeat abortions, the risk of cancer can increase even more. A subsequent full term pregnancy helps but will never remove the increased threat of cancer. Of the 95,059 abortions which took place in 1991, 51.4% were performed on women who had no previous

deliveries and in 26.1% of the cases the woman was undergoing her second or third abortion.

One woman in ten will develop breast cancer, and 25% of them will die as a result.

What is the increased risk?

Women who carry their first baby to term cut their risk for breast cancer almost in half. Women who abort their first pregnancy almost double their risk. With 2 or more abortions, there is a 3-4 fold increase.

For more information write for the brochure written by J.C. Willke, M.D. c/o Hayes Publishing Co. Inc. #6304 Hamilton Ave. Cincinnati, Ohio 45224

Abortion during 7th, 8th, & 9th months

Many Canadians believe that there are some legal restrictions to obtaining abortions in our country. The truth of the matter is that there is no law regarding abortion. An unborn child has no legal protection until "born fully alive."

The Supreme Court of Canada's "born fully alive" ruling was the result of tragic events which took place in British Columbia in 1985.

Two women (Mary Sullivan and Gloria LeMay) were hired as midwives by Jewel Voth. During Mrs. Voth's labour the contractions ceased after the baby's head had emerged. The midwives tried unsuccessfully to stimulate further contractions and then coached Mrs. Voth to push for another eight hours. Eventually, Mrs. Voth was sent by ambulance to the hospital, only three blocks away, where the baby was de-

livered within two minutes, dead. Sullivan and LeMay were charged with criminal negligence causing death and criminal negligence causing bodily harm. They were found not guilty of criminal negligence causing death as the Supreme Court of Canada agreed with a lower court decision that a child half way out of the birth canal was not a "person."

A Court decision based on a lie

In the United States, abortion was legalized primarily because of the famous *Roe* decision. Norma McCorvey is the 'Jane Roe' of *Roe v. Wade*. Early in 1970 she claimed she had been gang raped and became pregnant as a result of the rape. Attorneys Sarah Weddington and Linda Coffee, newly graduated from the University of Texas Law School, needed a "client" in order to challenge Texas' 100 year-old law that banned most

abortions. They convinced Norma that she should be seeking an abortion instead of arranging an adoption for her baby. The case was subsequently argued all the way to the U.S. Supreme Court which resulted in the infamous *Roe* decision of 1973. In the meantime the baby was born and released for adoption. In 1987, Norma McCorvey admitted that she hadn't been raped at all but the father was someone she knew and thought she

loved. The whole story of the gang rape was a lie. Despite Norma's admission the *Roe* decision still stands. (As of 1994, 30 million babies have been aborted as a result of *Roe vs. Wade* and the companion *Doe vs. Bolton* decision.) Deception and denial of truth have been the constant companion of the increased legalization and defence of abortion in the United States and Canada.

**If faced with a crisis pregnancy
what should you do?**

1. It is important to take time to examine the options available.
2. You should have a pregnancy test. There are many clinics that provide free pregnancy tests.
3. Talk to someone you trust. You are not alone and helpless. You may be pleased at the support your parents and friends will give you. They may express surprise, anger or disappointment at first, but give them a chance to support you. There are crisis pregnancy centers with counsellors who are trained to help. They can help you explore the options available to you. See Resource List on this page.
4. Get information concerning the development of your child. Find out the age of the baby and learn about his / her characteristics.
5. Get information on groups that can help you carry your baby to term and help during delivery. There are groups who can also assist with medical care and housing, if you need it.
6. Find agencies that can help you after the baby is born.
7. Learn about adoption possibilities in the event you wish to place your child with an adoptive family.
8. Be fully informed about abortion. Get information on abortion techniques. Get information on the possible physical and emotional damage that can result after an abortion. Having an abortion is an irreversible decision. Take time to know what you are doing.

Remember the decision you make will affect you for the rest of your life. Don't let anyone pressure you into making a quick decision!

EDUCATIONAL
ALLIANCE FOR LIFE
National umbrella organization for educational groups

ALLIANCE ACTION
National advocacy organization

LOCAL PRO-LIFE GROUPS
Educating Canadians about the facts of abortion, fetal development, euthanasia, reproductive technologies and related issues.

SERVICES
BIRTHRIGHT

CRISIS PREGNANCY CENTRES

HOMES FOR UNWED MOTHERS
Providing counselling, education, clothing, shelter and support for distressed pregnant mothers

POLITICAL
CAMPAIGN LIFE COALITION
National organization with provincial and local chapters.

VARIOUS PROVINCIAL AND LOCAL PRO-LIFE GROUPS AND INDIVIDUALS
Working in all aspects of the political arena to obtain legislated protection for all human life from conception to natural death and government policies to increase respect for life.

Local Help Agencies

Following is a list of some of the organizations available to help you. Each organization provides or has access to: pregnancy testing, counselling while you are pregnant and after the baby is born, maternity and baby clothes, foster care for expectant mothers, foster care or adoption for infants, support groups and counsellors to help you if you have had medical, emotional or legal problems after an abortion. There is someone ready to help you!

Life Affirming Counselling

BELLEVILLE	Crisis Pregnancy Centre	613-969-7866
BRAMPTON	Life Centre	905-454-2191
BRANTFORD-BRANT COUNTY	Crisis Pregnancy Centre	519-756-3787
FORT ERIE-SOUTH NIAGARA	Life Centre	905-871-0236
GODERICH	Life Centre	519-524-8440
GUELPH	Beginnings Crisis Pregnancy Centre	519-763-7980
HAMILTON	Beginnings Counselling	905-528-6665
HAMILTON	Life Centre	905-525-1112
LONDON	Crisis Pregnancy Centre	519-432-7098
MARKHAM	Crisis Pregnancy Centre	905-472-4357
MIDLAND-HURONIA	Crisis Pregnancy Centre	705-527-4272
MISSISSAUGA	Life Centre	905-891-9515
NEWMARKET	Life is for Everyone	905-836-5433
NORTH YORK	Pregnancy Care Centre	416-229-2607
ORILLIA	Crisis Pregnancy Centre	705-326-8228
PETERBOROUGH	Crisis Pregnancy Centre	705-742-4015
SARNIA-LAMBTON	Crisis Pregnancy Centre	519-383-7115
SAULT STE. MARIE-ALGOMA	Crisis Pregnancy Centre	705-759-9100
ST. CATHERINES-NIAGARA	Life Centre	905-934-0021
TORONTO	Aid to Women	416-921-6016
KITCHENER/WATERLOO	Crisis Pregnancy Centre	519-743-2470
WHITBY	Pregnancy Help Centre	905-430-0805
WINDSOR-ESSEX	Crisis Pregnancy Centre	519-973-9888
WOODSTOCK	Beginnings Crisis Pregnancy Centre	519-421-2127

ALLIANCE FOR LIFE HELPLINE.....1-800-665-0570

FOR YOUR LOCAL BIRTHRIGHT..call.....1-800-550-4900
(strictly confidential, free service, offering loving, emotional and practical support, on a one on one basis. counsellors listen to a woman and help her sort out and solve problems. Free pregnancy tests, maternity clothes and baby layettes available)

Tender Loving Homes For Expectant Mothers

AGINCOURT	Bethal House	416-293-2074
HAMILTON	St. Martin's Manor	905-575-7500
NEW MARKET	Rose of Sharon	905-853-5549
OTTAWA	St. Mary House	613-749-2491
OTTAWA	Bethany House	613-722-4537
SCARBOROUGH	Rosalie Hall	416-438-6880
SPRINGFIELD	Rehoboth Girl's Home	519-765-4207
STRATFORD	House of Blessings	519-273-0554
STREETSVILLE	Vita Manor	905-858-0329
THUNDER BAY - LAKEHEAD	Florence Booth Home	807-623-3074
TORONTO	Bethany House	416-461-0217

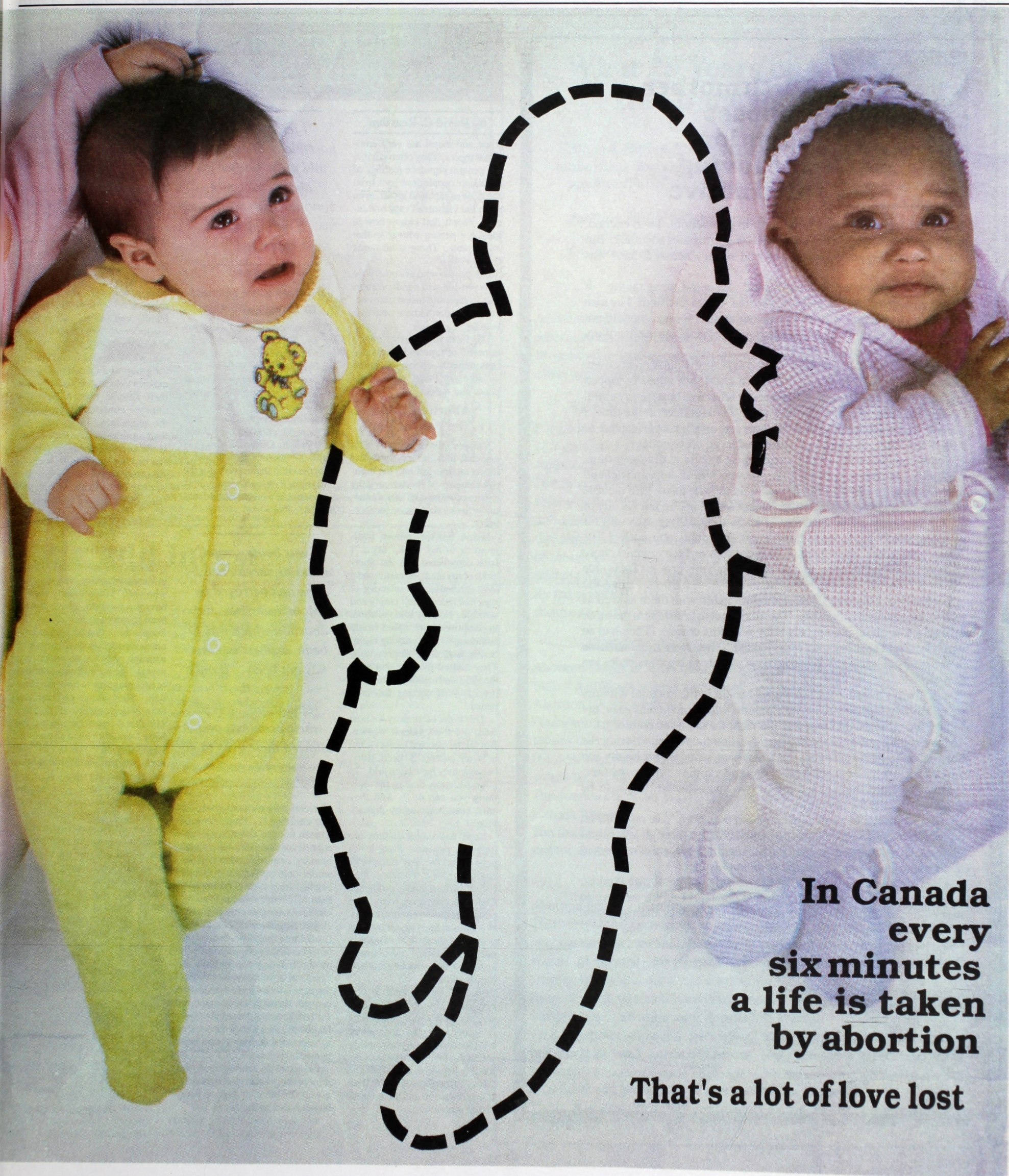
Adoption Services

Ontario Ministry of Community and Social Services-Adoption Unit	416-327-4730
(As well , many of the pro-life groups listed on this page can provide adoption information)	

Other Services

ALLIANCE FOR LIFE ONTARIO	(Provincial educational umbrella group)	519-824-7797
CAMPAIGN LIFE COALITION	(National pro-life political and activist group)	416-368-8479
CAMPAIGN LIFE COALITION SUDBURY		705-674-1700
CANADIAN PHYSICIANS FOR LIFE	(National Pro-Life Doctors Association)	905-765-5133
HUMAN LIFE INTERNATIONAL	(International pro-life educational organization)	613-745-9405
PHARMACISTS FOR LIFE	(Pro-life pharmacists association)	905-528-3065
ROSE OF DURHAM	(Young parent support services)	905-432-3622
SECOND CHANCE	(Post abortion counselling)	905-430-7990
	Angelina Steenstra	416-261-7135
	Fr. Vince Heffernan SFM	416-485-9773
STRAIGHT TALK	(Post abortion counselling)	416-485-9773
SUDBURY RIGHT TO LIFE	(Educational, counselling & referral services)	705-674-1700





**In Canada
every
six minutes
a life is taken
by abortion**

That's a lot of love lost



Birth mother chooses adoption... the loving alternative

It was the beginning of my junior year in high school. I was excited, looking forward to another year of diving, gymnastics and track. But this excitement quickly came to an end when I realized that I was pregnant.

When the pregnancy was confirmed, my mind went racing. It wasn't enough to just say that I was scared - I was terrified! The idea of having an abortion was never a consideration for me. I could not live with the realization that I was responsible for taking the life of my child - a death because of my actions.

My first instincts told me that I needed to raise my child on my own. I knew that I could love and care for a child, but when I stopped thinking about myself, and thought about what was best for my child, I knew adoption was the right decision. I was sixteen at the time, I wanted to go back to school for my senior year and wanted to participate fully, in sports etc. I wanted to go on to college.

I knew I could not do all of this and raise a child at the same time. I did not want to have to live with my parents indefinitely and depend on them for everything. I did not want them to be thrust into the role of prime care-givers for my child. It just would not be fair for any of us, for them, myself or the baby. I knew that placing my child for adoption would be the right thing to do, the loving alternative!

The adoption procedure I opted for is not your ordinary plan. I chose to do an independent open adoption. Through this process I was able to select from among the prospective adoptive parents. I had the opportunity to establish a personal relationship with them as well as to develop a lasting friendship. The more I got to know them the more excited I was about placing my baby with this couple. They had so much love and security to offer my child. They were there with me in the hospital when my son was born. Their video camcorder ran non-stop.

I will always treasure the three days I spent in the hospital with my son. Handing him over to his new parents was by no means easy, but I knew in my heart that this was the right decision for both of us.

Many tears were shed throughout the nine months and during the hospital stay. But, they were not all tears of sadness. I miss my son very much. I think about him every day and a smile comes to my face. I thank the Lord that He led me to two such special people to be adoptive parents for my child.

It has been several years since my son was born. He now has an adoptive sister. I keep in contact with the family through letters and pictures. I can't begin to explain the feelings of peace and contentment that I experience when I see the smile on his face.

I am now a junior in college majoring in paralegal studies. Relinquishing my son was the hardest decision I will ever have to make but I'm more confident than ever that it was the right one. While in the hospital I received a card which read, "Some people come into our lives, leave footprints on our hearts, and we are never the same." This is so true!

Testimony by
Lisa O. of Minnesota.

(Printed with permission)

Every year in North America over two million requests for adoption go unsatisfied.

The abortion experience for victims of rape and incest

by David C. Reardon

Rape and incest are very emotional topics. They often elicit in the general populace feelings of revulsion: people draw back from the issue of rape and incest, even from the victims of rape and incest. People don't know how to handle a person who is in that much pain. There is no quick fix...

Some people who are otherwise very pro-life will condone abortion in rape and incest cases because they don't know what else to offer.

The facts suggest that only a minority of rape and incest victims actually choose abortion¹ — so right there, one should pause and reflect.

Abortion Adds to the Pain of Rape

Various studies and my own research indicate that rape and incest victims fall into the high-risk category of aborters, and the existence of rape or incest is actually a contraindication for abortion.

Jackie Bakker, whose testimony is in my book,² says, "I soon discovered that the aftermath of my abortion continued a long time after the memory of rape had faded. I felt empty and horrible. Nobody told me about the emptiness and pain I would feel deep within, causing nightmares and deep depressions. They had all told me that after the abortion I could continue with my life as if nothing had happened."

This is the same story we hear from a lot of aborted women. But for the rape and incest victim it is an especially keen story, because they have been told, "In your situation that is the only thing you can do." And they have been betrayed by that advice.

Rape and incest victims are high-risk patients. First, it has been found that any element of coercion puts a woman at high risk of suffering later problems. Coercion may arise from other people or due to circumstances. If a woman feels pressured, she is entering the realm of high risk because she may be aborting against her inner feeling that says she should not³.

Second, any element of ambivalence about abortion—if the woman feels abortion is wrong or is not sure, but goes ahead with the abortion—will contribute to the feeling that she is betraying her own value system. Afterwards, she may suffer from low self-esteem and all the associated problems

"I felt empty and horrible... They had all told me that after the abortion I could continue with my life as if nothing had happened."

Victims gave reasons to forego abortion

Perhaps the best study was done by Dr. Sandra Mahkorn, published in *Psychological Aspects of Abortion*.⁴ Dr. Mahkorn was an experienced rape counselor who, in 1979, identified 37 pregnant rape victims who were treated by a social welfare agency. Of these 37, only 5 chose to have an abortion. Of the 28 who gave birth, 17 chose adoption and 3 kept the child themselves; for the remaining 8, research was unable to determine where the child was placed.

"I was being sexually attacked, threatened by him and betrayed by Mom's silence... the abortion which was to be in 'my best interest' has not been ... it only 'saved their reputations,' solved their problems and allowed their lives to go merrily on."

Several reasons were given for not aborting. First, several women felt that abortion was another act of violence—that it was immoral or murder. One said she would only suffer more mental anguish from taking the life of a baby. Second, some saw an intrinsic meaning or purpose to the child. Somehow this child was foisted into their lives but, on the other hand, they sensed some sort of hidden purpose behind it. Third, at a subconscious level, the rape victim feels that if she can get through the pregnancy she will have conquered the rape. Outlasting pregnancy shows she is better than the rapist who brutalized her. It is a totally selfless act, a generous act, especially in light of the pressure to abort. It is a way for them to display their courage and strength.

In her study, Mahkorn found that feelings or issues relating to the rape experience were the primary concern for most of the pregnant rape victims—not pregnancy. While 19%—a significant number—placed primary emphasis on their need to confront their feelings about the pregnancy, including feelings of resentment and hostility towards the unborn child, the primary difficulty they experienced with the rape pregnancy was pressure from other people who saw the pregnancy as a blot to be eliminated. Family and friends just weren't supportive of the woman's choice to bear the child.

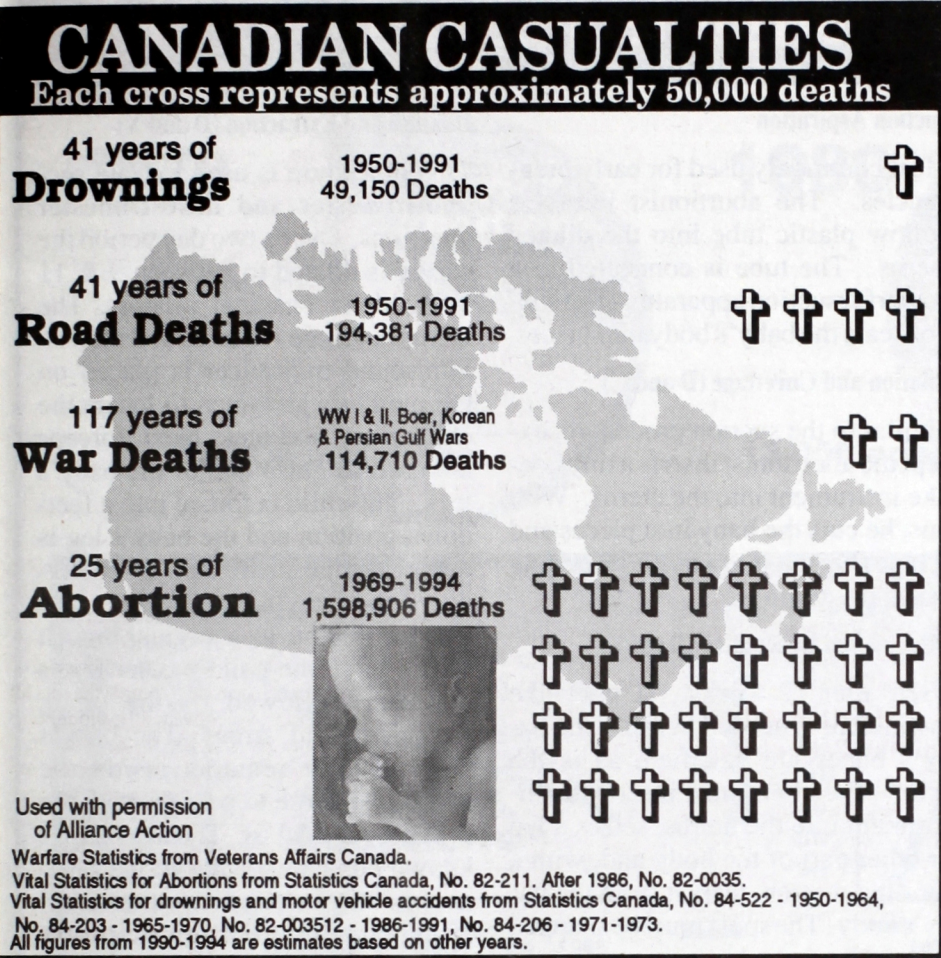
Dr. Mahkorn also found that, in the group who carried their pregnancies to term, the majority saw their attitude toward the child improve consistently throughout the pregnancy. In no case did their attitude grow worse. None, at the end of pregnancy, wished she had decided on an abortion. Abortion therefore inhibits the healing of the rape victim and reinforces negative attitudes.

Abortion Reinforces Woman's Powerlessness

Another example from my book is Vanessa Landry, a rape victim who said, "I didn't really want to have the abortion. I have always been against abortion all my life. People think that whenever anyone is raped, they have to have an abortion. My social worker just kept telling me all kinds of things to encourage me to have the abortion. They didn't give me any other option except to abort. They said that if I went on and had the baby I wouldn't have any way of supporting it. The doctor and social worker who led me to have the abortion shouldn't have. I would rather have gone on and had the child anyway on my own account. But they pressured me into the abortion, saying welfare wouldn't pay me for giving birth, but would pay for the abortion since they were saying I was going to die because I was diabetic. They said I was just another minority bringing a child into the world and there were too many already."⁵ Here is a woman who is being victimized not only because she is a rape victim, but also because she is black and a minority and she has a low income.

What I really see happening in our society is that abortion is the solution for the people we don't want. Abortion does nothing to help the victims of rape. Instead it encourages a woman only to vent her anger in revenge against

Continued page 9



Rape and incest

(continued from page 8)

the unborn child. It pits the mother against the child, which is no good for either.

On the other hand, childbirth can be a victory. Childbirth is the choice of triumph over rape. It is a choice that says, "Rape will not dictate my life." It allows them to show their own courage and generosity.

Like Incest, Abortion Promotes Silence

Incest victims face similar problems. Incest is a very complex issue and it is hard to say much in a very short period of time, but the vast majority of incest victims want to carry their pregnancy to term. These are young girls for whom pregnancy is a way to break out of an incestuous relationship with their father, whom they may love despite their confusion and resentment about the way they have been used as sexual objects. Since they still love the father, having the child can not only help expose the incestuous relationship but also give hope of beginning a truly loving relationship.

In studies of incest victims, the vast majority choose to carry the pregnancy to term⁶ Those in the minority who have an abortion do so only under pressure from their parents to conceal the incestuous relationship. Because incest is a family pathology that

involves father, mother and daughter, all are involved in a conspiracy of silence.⁷

I interviewed Edith Young, now 38 years old, who was a rape and incest victim at 12 years of age. To cover up the incident, her parents procured an abortion for her without telling her what was to happen. The emotional and physical scars of incest and abortion still last to this day. She said, "I was being sexually attacked, threatened by him and betrayed by Mom's silence... the abortion which was to be in 'my best interest' has not been ... it only 'saved their reputations,' solved their problems and allowed their lives to go merrily on."⁸

Pro-life persons don't have any reason to be ashamed to defend a pro-life view in the case of rape or incest. The ones who need to be ashamed are the pro-abortionists who have been exploiting the problems of rape and incest victims, confusing the public and promoting abortion for their social engineering goals. To my knowledge, pro-abortionists have never yet brought together a group of rape and incest victims who carried their pregnancies to term who said, "Oh, that was the worst thing I ever did. Why didn't somebody give me an abortifacient when I needed it?"

We, on the other hand, can produce women who took the advice of the pro-abortionists, had

the abortion and now say, "This abortion ruined my life. What were you telling me?" We need to join rape and incest victims in demanding that pro-abortionists stop exploiting the pain of innocent women's problems for their own political ends.

1 - Pregnancy and Sexual Assault, Sandra Mahkorn, in *The Psychological Aspects of Abortion*, ed. Mall and Watts (1979), pp. 53-72.

2 - *Aborted Women: Silent No More*, David C. Reardon (1987), pp. 206-210.

3 - *Outcome Following Therapeutic Abortion*, Payne et al., *Arch. Gen. Psychiatry* 33:725-733 (June 1976).

4 - *Supra*, note 1.

5 - *Supra*, note 2, pp. 276-278.

6 - *The Consequences of Incest: Giving and Taking Life*, Maloof in *The Psychological Aspects of Abortion*, ed. Mall and Watts (1979) pp. 73-110.

7 - *Father-Daughter Incest - Treatment of the Family*, Kennedy, *Laval Medical* 40:946-950 (1969).

8 - *Supra*, note 2, pp. 212-218.

David C. Reardon is Director of the Elliot Institute for Social Sciences Research and author of the book *Aborted Women: Silent No More* (1987). A longer version of this article appeared in *Association for Interdisciplinary Research Newsletter*, Vol. 2, No. 1, Fall, 1988 pp. 4-6

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What 25 Years of Abortion Has Done to Canada

May 14, 1969 the Criminal Code was amended to permit abortions for the "health" or life of the mother, if approved by a Hospital Therapeutic Abortion Committee.

January 28th, 1988 the Supreme Court of Canada ruled this law unconstitutional, leaving no protection in law for unborn children.

ABORTION exploits women

- Abortion is linked to breast cancer (see p.4).
- Abortion causes serious emotional and physical side effects (see p.10).
- Women often feel pressured to abort for economic or social reasons.
- There is still too little help offered to distressed, pregnant women.

ABORTION causes a demographic imbalance

- For 20 years Canada's birthrate has been below replacement level (1.7 instead of 2.1). In 1987 the Quebec birthrate was 1.35.
- Abortion is Canada's #1 killer (see chart to left).
- 24 babies are killed by abortion for every 100 live births.
- 1991 was the first time more was paid out to retirees in Quebec than was collected in pension contributions. Social security for the elderly is threatened because of a smaller percentage of working age Canadians.
- More and more babies are being aborted simply because the parents were wishing for a child of the opposite sex. Usually these parents prefer males.
- By the year 2010, 25% of Canada's population will be 65 or older as compared with the current 12%.

ABORTION has economic repercussions

- Abortion results in an increasingly aging, declining population which makes it difficult to have a growing, vital economy.
- Abortion diverts medicare funds from legitimate health-care procedures.
- Four abortion clinics in Toronto received over \$14 million in taxpayers' money over the last 2 years while health services have been cut.
- If 1.5 million babies had not been aborted over the last 25 years, there would be 37,500 more classrooms of 40 students each.
- The aborted children's potential labour, creativity and skills are lost to Canada forever.
- The nearly 100,000 children aborted last year alone would have paid \$500 million dollars in income tax after their first year of employment.

ABORTION has sociological impact

- Abortion makes a mother's womb the most dangerous place in Canada.
- There is no legal protection for unborn children, not even for a child halfway out of the birth canal. (see p.4)
- We are all affected - the pregnant women, the fathers, grandparents, friends, family and the whole community.
- Respect for all human life has been eroded.
- The practice of abortion turns doctors into killers.
- Fetal experimentation and "harvesting" of fetal eggs cheapens human life.
- In the past 20 years violence in general, and child abuse in particular, have increased.
- Infanticide and euthanasia are now gaining acceptance.
- Today, it is virtually impossible to adopt a baby. In 1991 there were nearly 50 abortions for every infant adoption.

The side effects of abortion

Women who have abortions often suffer many immediate and long term side effects.

Emotional Side Effects

HALLUCINATIONS¹

23% had hallucinations related to the abortion

NIGHTMARES¹

54% had nightmares related to the abortion

INCREASED ALCOHOL USE¹

61% increased their use of alcohol

CONTEMPLATED SUICIDE¹

65% had thoughts of suicide

SEXUALLY INHIBITED¹

69% were sexually inhibited after the abortion

FLASHBACKS¹

73% had flashbacks of the abortion experience

FREQUENT CRYING¹

81% experienced frequent crying

PREOCCUPATION WITH THE ABORTED CHILD¹

81% became preoccupied with thoughts of the aborted baby

Physical Side Effects

HAEMORRHAGE²

Due to blood loss patients may need transfusions

INFECTION²

Unremoved parts of the baby or unsterile conditions can lead to infection or even sterility

DAMAGED CERVIX²

Instruments used to open the cervix during the procedure can cause serious damage

PERFORATION OF THE UTERUS²

The curette can puncture the uterus necessitating removal, making the woman unable to have children

PERFORATION OF THE BOWEL²

Punctures in the bowel can result from the use of the abortion instrument

MISCARRIAGES^{3,4}

Women who have abortions experience miscarriages at a 35% higher rate than normal

IMPAIRED CHILD-BEARING ABILITY^{5,6}

Among women who have abortions there is a high incidence of complications during later pregnancies

PREMATURE BIRTHS²

After multiple abortions there is a 2 to 3.3 fold increase in prematurity in future children

LOW BIRTH WEIGHT⁷

There is a 2 to 2 1/4 times greater likelihood of low birth weight, increasing the chances of birth defects

ECTOPIC PREGNANCIES^{8,9}

This condition occurs when the baby develops in the Fallopian Tube and puts the mother at risk of death. Women who have had previous abortions are at higher risk of experiencing an ectopic pregnancy.

Sources: ¹ Speckford, Dr. Anne, Ph.D.

² Wilke, J.C. & B., *Abortion: Questions and Answers* (Ohio: Hayes Pub. Co., 1971)

³ Funderbrook, S.J., *Suboptimal pregnancy outcome among women with prior abortions and premature births*, Am. J. Ob. & Gyn. 126(1), 55-60, 1976

⁴ Hogue, C. *Impact of vacuum aspiration abortion on future childbearing: A review*, Family Plan. Persp., 15, 119-26, 1983

⁵ Levin, A.A., *Association of induced abortion on the outcome of subsequent pregnancy loss*, J.A.M.A., 243, 2495, 1980

⁶ Slater, P.E. *The effect of abortion method on the outcome of subsequent pregnancy*, J. Reprod. Med., 26, 123, 1981

⁷ Lembrich, S. *Fertility problems following an aborted first pregnancy*, in *New Perspectives on Human Abortion*, Hilgers, Horan and Mull(Eds), 1981

⁸ Levin, A. *Ectopic pregnancy and prior induced abortion*, Am. J. Public Health, 72, 253, 1982

⁹ *Alert on Ectopic Pregnancies*, Commissioner of Health, New York City, (July 1979)

Abortion techniques described

Suction Aspiration

Most commonly used for early pregnancies. The abortionist inserts a hollow plastic tube into the dilated uterus. The tube is connected to a powerful suction apparatus. The suction tears the baby's body into pieces.

Dilation and Curettage (D and C)

Similar to the suction procedure, except the abortionist inserts a tiny hoe-like instrument into the uterus. With this, he cuts the baby into pieces and scrapes her out into a basin. Bleeding is usually profuse.

Dilation and Evacuation (D and E)

Used after 12 weeks. A plier-like instrument is needed because the baby's bones are calcified, as is the skull. The abortionist inserts the instrument into the uterus, seizes a leg or other part of the body and, with a twisting motion, tears it from the baby's body. The spine must be snapped and skull crushed to remove them.

Saline Injection (salt poisoning)

This is used after 16 weeks. A long needle is inserted through the mother's abdomen into the baby's sac. Some fluid is removed and a strong salt solution is injected. The solution is swallowed and "breathed" and slowly poisons the baby. He kicks and jerks violently as he is literally being burned alive.

Hysterotomy or Caesarean Section

Used mainly in the last three months of pregnancy, the womb is entered by surgery through the wall of the abdomen. The tiny baby is removed and allowed to die by neglect or direct act.

Prostaglandin Chemical Abortion

This form of abortion uses chemicals which cause the uterus to contract intensely, pushing out the developing baby. One of the complications listed with this method is "live birth." In fact, the two most "dreaded" complications for an abortionist are a dead mother or a live baby.

Dilation and Extraction (D and X)

This procedure is used for late second-trimester and third-trimester abortions. Over a two day period the cervix is dilated to between 9 & 11 cm with mechanical dilators. The membranes are ruptured and then an ultrasound transducer is placed on the mother's abdomen to locate the child's legs and feet. Next, forceps are used to grasp one of the baby's legs. The child is forced into a feet-down position and the baby's leg is drawn into the birth canal. The delivery of the baby's body follows in a manner similar to a vaginal breech birth. First, the child's other leg is delivered followed by the torso, shoulders, and arms. The baby's head usually remains inside the uterus, too large to pass through the internal cervical os. The next step is known euphemistically in the business as "fetal skull decompression." Using blunt-tipped surgical scissors in a closed position the child's head is pierced at the base of the skull. The scissors are forced open, enlarging the wound. The scissors are then removed and a suction catheter is inserted into the wound to vacuum out the child's brain tissue ("evacuates the skull contents"). With the suction tube still in place, the abortionist then pulls the corpse from the woman's body. He delivers the placenta with forceps and scrapes the inside of the uterus with a sharp curette, then with a large-bore suction curette.⁽¹⁾

⁽¹⁾ *Life Advocate*, February 1993. From a report on a National Abortion Federation Risk Management Seminar, September 13-14, 1992 in Dallas, Texas. Dr. Martin Haskell, a Cincinnati abortionist, presented a scientific paper describing the procedure.

Answers to Abortion I.Q. Quiz

- | | | | | |
|--------|---------------------|---------------------|---------------------|----------------------|
| 1. (C) | 3. (C) ¹ | 5. (A) ¹ | 7. (A) ² | 9. (D) ⁴ |
| 2. (B) | 4. (A) ² | 6. (C) ¹ | 8. (C) ¹ | 10. (C) ³ |

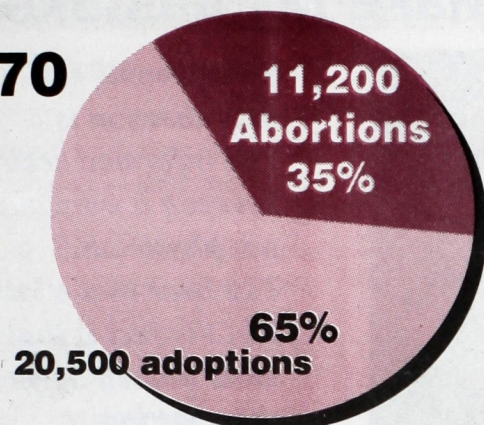
Sources:

¹ Stats Can,
² Flanagan, F.L. "The First Nine Months of Life" (1962),

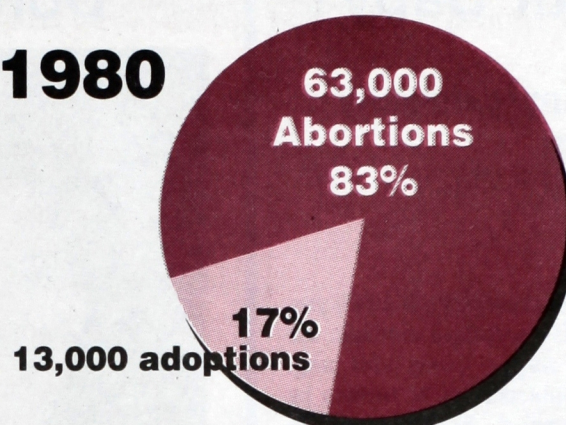
³ National Adoption Study, Univ. of Guelph
⁴ D. Bernard Nathanson

ADOPTION VS. ABORTION . . . the shocking truth

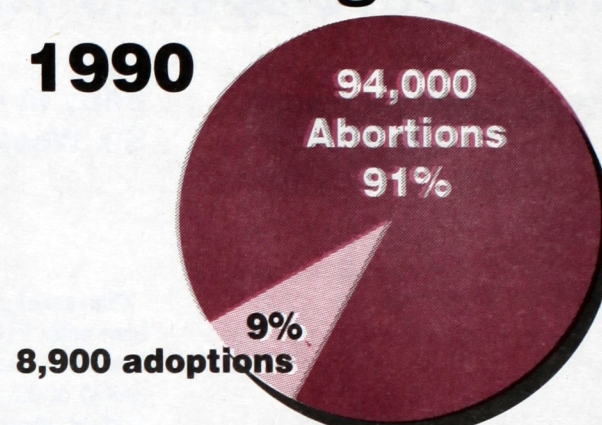
1970



1980



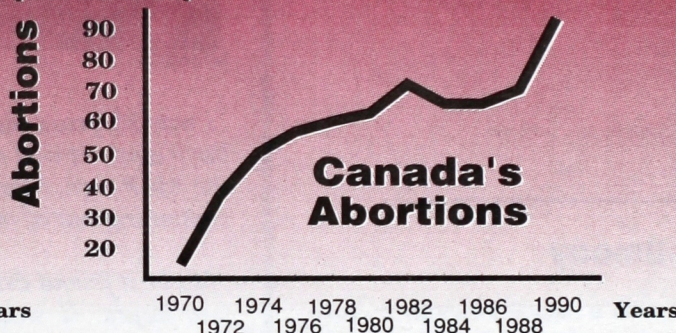
1990



(thousands)



(thousands)



Legend

- Total Domestic Adoptions (private or public) in Canada
- Total Abortions performed on Canadian women

Sources

- Abortion statistics as reported to Statistics Canada
- 1970-76 H. Philip Hepworth, Foster Care and Adoption in Canada
- 1977-80 Estimate based on previous years
- 1981-91 Adoption study, Univ. of Guelph (Numbers have been adjusted to reflect step adoptions)

A Mother's Anguished Letter to Her Aborted Child

Even after years have intervened, a woman cannot forget the life that her decision took

Ten years ago yesterday, I carried you beneath my heart. Ten years ago today, I stopped the beating of your heart. I, your mother, the one who gave you life also gave you death.

It's been a decade and still my blood runs cold and I catch my breath whenever I hear the word "abortion." There's an emptiness inside of me that can never be filled, a chill that has never quite been warmed, a grief that will never end. To me you will forever remain an unfinished song, a flower that never bloomed, a sunrise clouded by rain.

Even during your last fragile moments of life, I wondered, "Is my baby a boy or a girl?" The question ran through my mind again and again as I tried to block out the sickening sounds of you being suctioned from my womb and from my life. I seemed to have a burning need to know whether I would have had a son or a daughter, yet somehow I couldn't bear to ask such an indelicate question of the doctor who stood smiling above me. Instead, I simply nodded in defeat and sadness

as this man in white patted my trembling hand and said, "Now — aren't you glad it's all over?"

As I lay there drowning in my own blood, tears and sweat, I could hear the nurses chattering about co-workers, new cars and clothes.

To these people, the extermination of your life was simply a job — "making a living by destroying the living." To those gathered in that sunny room in Philadelphia 10 years ago, it was just another day. To me, it was the darkest day I had ever known.

"The Abortion" — the most heart-wrenching, terrible experience I had suffered through in my 18 years: certainly the most painful experience suffered by you in your three short months. It has taken me all these years to get over it.

Now — as my eyes fill with tears, I realize that this is something I will never "get over." That fateful April day has replayed itself over and over in my mind like a horror movie one forces oneself to watch, then can never forget....

Even in my distraught state of mind, I knew that there were other choices. I was

simply too scared to consider the alternatives. Still a child myself, I "wasn't ready" to be a mother.

What I didn't realize then was that I already was a mother. You became my child at the moment of conception: my love for you began when your life began, and although your life ended, that love has never died.

Your silent screams have awakened me from sleep many times over the years, and I have lain in the dark and mourned the loss of the baby I killed. There have even been times when I've contemplated ending my own life as I ended yours.

It's been 10 years and still I haven't forgiven myself. Have you forgiven me? Has God forgiven me for destroying a being created by Him?

I've had many nightmares through the years. Scenes of a tiny fetus in a trash bag haunt my subconscious. I've awakened in a cold sweat, again feeling the excruciating pain of that long-ago day. I recall the intense physical pain of the abortion — but those 10 minutes of hurt were nothing compared to the 10 years of pain I've lived with since.

For years my heart has ached to write you this letter, but whenever I attempted to put my feelings into words, I found the blank pages covered with tears rather than with ink. For some reason, though, tonight was different...

Perhaps this letter was meant to be written in order to help others to avoid the agony I experienced, to help other young girls "in trouble," as I was 10 years ago, to realize that there are alternatives to abortion....

If this letter prevents even one abortion, it will have served a purpose. But Baby, my purpose in sending this letter to you is to let you know that I love you — whoever you are. And I'm sorry.

Love, Mommy

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How Developed Is Your Baby?



Baby at Approximately Six Weeks

This remarkable photograph of a tiny pre-born baby in his unruptured amniotic sac was taken after surgery (for a tubal pregnancy) at the University of Minnesota by medical photographer, Robert Wolfe, in 1972.

Consider This Testimony

"Eleven years ago while giving an anesthetic for a ruptured ectopic pregnancy (at 8 weeks gestation). I was handed what I believe was the smallest living human ever seen. The embryonic sac was intact and transparent. Within the sac was a tiny human male swimming extremely vigorously in the amniotic fluid, while attached to the wall by the umbilical cord. This tiny human was perfectly developed, with long, tapering fingers, feet and toes. It was almost transparent, as regards the skin, and the delicate arteries and veins were prominent to the ends of the fingers.

"The baby was extremely alive and swam about the sac approximately one time per

second, with a natural swimmer's stroke. This tiny human did not look at all like the photos and drawings and models of 'embryos' which I had seen, nor did it look like a few embryos I have been able to observe since then, obviously because this one was alive!

"When the sac was opened, the tiny human immediately lost his life and took on the appearance of what is accepted as the appearance of an embryo at this stage of life (with blunt extremities etc.)."

Statement by Paul E. Rockwell, M.D., anesthesiologist, as quoted by Dr. and Mrs. J.C. Willke in *Handbook on Abortion*.

Feet of Baby at Ten Weeks

By now, hands and feet are perfectly formed. In fact, the finger prints and foot prints are already permanently engraved on the skin. Forever after, these may be used to identify the individual. The baby even sucks thumbs, fingers or toes.



Don't Make My Mistakes



Michelle C.

Some people say that abortion is "an informed decision between a woman and her physician." You hear that a lot. But the fact is that most women never meet the abortionist until they are on the table, as happened in my case.

I was 18 years old when I got pregnant. I wasn't serious about my boyfriend. It was a casual relationship. Since I had already enlisted in the Air Force, I thought I had to have an abortion in order to make something out of my life.

*My best friend drove me to the abortion clinic. I was there for about four hours. It was like an assembly line. When the ultrasound was being done I asked to see it. But this wasn't allowed (so much for "an informed decision"). Then I asked how far along I was. I was told I was **nine-and-a-half weeks pregnant**. That hit me hard. I knew then that my baby was further developed than I had thought. I started doubting, and wanted to talk to my friend. But I wasn't allowed to do that either.*

*When it was my turn the nurse told me that I was going to feel some discomfort, like strong menstrual cramps. **The truth is that the abortion was more pain than I've ever felt in my life. It felt like my insides were literally being sucked out of my body. Afterwards I went into shock!***

After the abortion, I tried to make up for the abortion by trying to get pregnant again. I wanted my baby back. I never got pregnant again. I don't know if I can ever have another baby. I named my baby. I found out later that this is part of the grieving process.

I ended up in the hospital with bulimia two-and-one-half years later. I felt that no one had punished me for what I had done so I was punishing myself. I became obsessed with women who were pregnant, with women who would talk about their pregnancy. My life was in shambles! I was suffering from post-abortion trauma.

When I was 21 years old God brought me help through a woman who was involved in pro-life activism. She helped me a lot. I went through a post-abortion counseling program called "Conquerors." God not only forgave me, He challenged me to help others. I answered the challenge!

I started picketing and sidewalk counseling. There is a healing process that comes from getting involved in the pro-life movement. I talk to youth groups and students about abstinence and I share my testimony. To them, and to you, I plead, "Please don't make the same mistakes I did."

Michelle

See pages 5 & 8 for alternatives to abortion!

Please Support Your Local Pro-Life Organization

Published by She's a Child — Canada, 10 Stardust Drive, RR2 Dorchester ON N0L 1G5